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NOTICE OF APPEAL FROM THE EXAMINER  
TO THE BOARD OF PATENT APPEALS AND INTERFERENCES

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Serial No.: 10/630,227 Group: 1647  
Filed: July 30, 2003 Examiner: Shafer, Shulamith H  
Confirmation No.: 8291

For: TRANS-CAPSULAR ADMINISTRATION OF HIGH SPECIFICITY CYTOKINE  
INHIBITORS INTO ORTHOPEDIC JOINTS

|   |                   |
|---|-------------------|
| CERTIFICATE OF MAILING OR TRANSMISSION  |                   |
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on: |                   |
| 11/27/2006  | <i>Amy Comeau</i> |
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12/01/2006 YPOLITE1 00000017 10630227  
02 FC:1252 450.00 OP

Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision dated June 27, 2006 of the Examiner twice rejecting Claims 1, 2, 34, 36-43, 45-51, 53-58, 60-61 and 63-65, and newly rejected Claim 62 and new elected Claims 89-92. The item(s) checked below are appropriate:

12/01/2006 YPOLITE1 00000017 10630227  
01 FC:1401 500.00 OP

1. ☒ Applicant hereby petitions to extend the time for filing a Notice of Appeal in response to the Office Action dated June 27, 2006 for two months from September 27, 2006 to November 27, 2006.
2. ☐ A ☐ month extension of time to respond to the Office Action Made Final dated ☐ was filed on ☐ with payment of a \$☐ fee.

☐ Applicant hereby petitions for an additional ☐ month extension of time to respond to the Office Action Made Final.

3. Fees are submitted for the following:

|                                     |                                  |                                 |            |
|-------------------------------------|----------------------------------|---------------------------------|------------|
| <input checked="" type="checkbox"/> | Extension of Time for two months |                                 | \$ 450     |
| <input type="checkbox"/>            | Additional Extension of Time:    |                                 |            |
|                                     | Fee for Extension                | ( <input type="checkbox"/> mo.) | \$ _____   |
|                                     | Less fee paid                    | ( <input type="checkbox"/> mo.) | - \$ _____ |
|                                     | Balance of fee due               |                                 | \$ 0       |
| <input checked="" type="checkbox"/> | Notice of Appeal                 |                                 | \$ 500     |
| <input type="checkbox"/>            | Other                            | _____                           | \$ _____   |
|                                     |                                  | TOTAL                           | \$ 950     |

4. The method of payment for the total fees is as follows:

☒ A check in the amount of \$950 is enclosed.

☐ Please charge Deposit Account No. 08-0380 in the amount of \$[ ].

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. A copy of this document is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH, REYNOLDS, P.C.

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Date: November 27, 2006